U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

**AMENDED** 

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

## **AMENDED**

ame, file number, and address of labor organization.  TEAMSTERS LOCAL 25 bor Organization File Number 033-335  O. Box, Building and Room Number, if any  Teet 544 MAIN STREET  TY CHARLESTOWN:  Through: 12 / 31 / 2004  TO REAL STREET  TO RE
bor Organization File Number 033-335:  O. Box, Building and Room Number, if any  reet 544 MAIN STREET  DY CHARLESTOWN  ate Massachusetts ZIP Code + 4 02129
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presents or is actively seeking to represent.  Nature of Interest, Transaction, or Income.
Amount.

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Signed

AMENDED

09/29/2005

Date

(617) 241-8825

Telephone Number

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

# **AMENDED**

Name of Person Filing LOUIS DIGIAMPAOLO	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name DOUBLE TREE  Trade Name, if any: LA POSADA RESORT  P.O. Box, Bldg., Room No., if any  Street 4949 EAST LINCOLN DRIVE  City SCOTTSDALE  State Arizona ZIP Code + 4 85253	a. Labor Organization   b. Trust  c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name TEAMSTERS UNION 25 HEALTH SERV & INS. PLAN  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	LOUIS DIGIAMPAOLO IS A UNION TRUSTEE OF THE PLAN THIS IS THE HOTEL AT WHICH THE PLAN'S ANNUAL TRUSTEES' MEETING WAS HELD IN MARCH 2004			
Street 16 SEVER STREET	11.b. Approximate dollar value of such dealing. \$12, 181			
City CHARLESTOWN  State Massachusetts ZIP Code + 4 02129	12.a. Nature of interest held or income received.  HIS ROOM CHARGES FOR ATTENDANCE AT THE MEETING WERE \$586 AND HIS HOTEL; MEAL CHARGES WERE \$27.			
	12.b. Amount. \$613			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4				
	<ul> <li>**Customer of Michael of the Conference of the Best Conference of the C</li></ul>			

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### **AMENDED**

Name of Person Filing	TOTITE	DIGIAMBAGIO
Name of Person Filing	LOHES	DIGLAMPAGIG

File Number U-

#### Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name NEW ENGLAND TEAMSTERS FEDERAL CREDIT UNION	a. Labor Organization
Trade Name, if any:	Words
P.O. Box, Bidg., Room No., if any p., O., BOX::1498	b. Trust
Street 23 BROADWAY	c. Employer
City ARLINGTON	
State Massachusetts ZIP Code + 4 02474-0072	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	LOUIS J DIGIAMPAOLO IS THE CHAIRMAN OF THE BOARD OF DIRECTORS OF THE CREDIT UNION AS SUCH, HE IS
Trade Name, if any:	REQUIRED TO ATTEND SEMINARS, BOARD MEETINGS AND STAFF FUNCTIONS
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	MEALS CONNECTED WITH THE ATTENDANCE AT BOARD OF DIRECTORS MEETINGS ON: 01/14/04 - \$89 11/08/04 - \$35
	MEALS CONNECTED WITH STAPP PUNCTIONS ON:  01/14/04 \$132  07/12/04 \$128
	12.b. Amount. \$384

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Name of Person Filing LOUIS DIGIAMPAOLO

File Number U-

#### Part B Continuation Page

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Trade Name, if any:	REQUIRED TO ATTEND SEMINARS, BOARD MEETINGS AND STAFF FUNCTIONS
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	ATTENDANCE AT THE NATIONAL CREDIT UNION SEMINAR ON 01/18/04 TO 01/25/04 IN HAWAII: TRAVEL - \$1,160 LODGINGS - \$1,582 MEALS - \$554
•	
	12.b. Amount. \$3,296

**AMENDED** 

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